

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO**

**IN RE:**

**CARMEN M. RAMOS SANCHEZ  
JOSE E. RAMOS RIVERA**

**DEBTOR(S)**

**CASE NO. 09-07597- SEK**

**CHAPTER 13**

**RESPONSE TO  
MOTION REQUESTING DISMISSAL**

**TO THE HONORABLE COURT:**

Come now(s) Debtor(s), represented by the undersigned attorney, and represents as follows:

1. On August 25, 2010 **Reliable Financial Services, Inc.**, filed a motion requesting dismissal due to failure to renew the annual insurance policy for the motor vehicle **SCION TC 2006** registered under number 3204919.
2. On September 20, 2010 Debtors purchased a policy for the motor vehicle mentioned above satisfying Reliable Financial Services ground for dismissal. (See exhibit 1)

**WHEREFORE**, the undersigned attorney for Debtors requests from this Honorable Court to deny the motion requesting dismissal because the motion has become moot.

**RESPECTFULLY SUBMITTED.**

**CERTIFICATE OF SERVICE:** I hereby certify that on this same date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which will send a notification of such filing to all C/MECF participants in this case, including: Chapter 13 Trustee, and Reliable Financial Services through counsel Carlos E. Perez Pastrana, P.O. Box 21382 San

Case No. 09-7597- SEK

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Juan, Puerto Rico 00928-1328.

In San Juan, Puerto Rico, September 23, 2010.

s/JOSE L. JIMENEZ QUINONES

José L. Jiménez Quiñones, Esq.

USDCPR 203808

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San Juan, P.R. 00918-2007

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jimenezlawoffice@gmail.com

**ISSUE DATE : September 20, 2010**

**INVOICE NO : 115-001002400-01-000000**

**Named Insured & Mailing Address**  
RAMOS SANCHEZ CARMEN M. (100100003)

URBANIZACIÓN LOS ARTESANOS  
#58 EBANO  
LAS PIEDRAS, PR 00771-

**Producer Name (Code) & Mailing Address**  
ELIZA HERNANDEZ FRANCISCO(462)  
P. O. BOX 838  
YABUCOA, PR 00767

**EXHIBIT 1**

**Description Kind of Insurance** **Policy No.**  
**FAMILY PERSONAL PACKAGE** **115-001002400-01-000000**

**Policy Period**  
From September 20, 2010 To September 20, 2011 12:01 AM Standard Time at the insured's premise.

TrN	Description	Premium	Assessment Fees	Total Premium
1	NEW POLICY	\$1,045.00	\$0.00	\$1,045.00
<b>Totals:</b>		<b>\$1,045.00</b>		<b>\$1,045.00</b>

**Insured's Copy**

Ave. Muñoz Rivera 260, Hato Rey, Puerto Rico 00918  
PO Box 10181, San Juan, Puerto Rico 00908-1181  
Tel. (787) 767-6400 - [www.chartisinsurance.com](http://www.chartisinsurance.com)

Named Insured & Mailing Address

RAMOS SANCHEZ CARMEN M. (100100003)

NEW POLICY

URBANIZACION LOS ARTESANOS  
#56 EBANO  
LAS PIEDRAS, PR 00771-

Policy Period

From September 20, 2010 To September 20, 2011 12:01 AM Standard Time at the insured's premises.

Coverage is provided where a premium and limit of liability is shown for the coverage.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
PROPERTY	\$ 179.00
PERSONAL LIABILITY	\$ 81.00
PERSONAL AUTO	\$ 775.00
Annual Premium	<b>\$1,045.00</b>

Assessment Fee	\$0.00
Total Premium	<b>\$1,045.00</b>

Form(s) And Endorsement(s) made a part of this policy at time issue\*: APP 0305 - APP 0308 - APP 0344 - APP 0450 - APP 2418 - APP 2452 - APP 29625 - APP SC 0001 - APP Sec. I 05-0 - APP Sec. II A - APP Sec.II - FORM R76 - ILA133(12-8) - DFAC - PP0305(08-04)

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations. These declarations and the common policy declarations, if applicable, together with the common policy conditions, coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Countersigned At: SAN JUAN, PR September 20, 2010  
ELIZA HERNANDEZ FRANCISCO(462)

*Lourdes M. Pérez*

Lourdes M. Pérez  
Authorized Representative

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## Named Insured &amp; Mailing Address

RAMOS SANCHEZ CARMEN M. (100100003)

NEW POLICY

URBANIZACION LOS ARTESANOS  
#56 EBANO ,  
LAS PIEDRAS, PR 00771-

## Policy Period

From September 20, 2010 To September 20, 2011 12:01 AM Standard Time at the insured's premises.

Coverage is provided where a premium and limit of liability is shown for the coverage.

## INCLUDED VEHICLE No.: 1

YEAR 2008	MAKE & MODEL SCION TC	VIN NUMBER JTKDE177260067034
	ACTUAL CASH VALUE \$ 11,001.00	COST NEW \$ 21,076.00
	TERRITORY REMAINDER OF COMMONWEALTH	CLASS CODE 5552
	GARAGE LOCATION URBANIZACION LOS ARTESANOS #56 EBANO   LAS PIEDRAS, PUERTO	

COVERAGE (\$)	LIMITS	PREMIUM	DEDUCTIBLES
BODILY INJURY PER PERSON	\$100,000.00		
BODILY INJURY PER ACCIDENT	\$300,000.00	\$86.00	\$0.00
PROPERTY DAMAGE	\$50,000.00	\$122.00	\$0.00
OTHER THAN COLLISION	\$11,001.00	\$113.00	\$250.00
COLLISION	\$11,001.00	\$454.00	\$250.00

PREMIUM PER VEHICLE	\$ 775.00
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LOSS PAYEE  
RELIABLE FINANCIAL SERVICES - P.O. BOX 21382 RIO PIEDRAS PR 00928

## SECTION III Annual Premium:

\$ 775.00

Countersigned At: SAN JUAN, PR September 20, 2010  
ELIZA HERNANDEZ FRANCISCO(462)

Lourdes M. Pérez  
Authorized Representative

Insured's Copy

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**POLICYHOLDER NOTICE**

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Tel. (787) 767-6400 - [www.chartlisinsurance.com](http://www.chartlisinsurance.com)

BENEFICIARIES

RELIABLE FINANCIAL SERVICES  
Address : P.O. BOX 21382 RIO PIEDRAS PR 00928  
Loan No.: 511-603287

Insured's Copy

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